

# TRANSMITTAL FORM

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| Application Number   | 09/921,654        |
| Filing Date          | August 3, 2001    |
| First Named Inventor | Amar, Anshul      |
| Group Art Unit       | 3686              |
| Confirmation No.     | 5834              |
| Examiner Name        | Pass, Natalie     |
| Attorney Docket No.  | ATH-001           |
| Patent No.           | 7,617,116         |
| Issue Date           | November 10, 2009 |

## ENCLOSURES (check all that apply)

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| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Check Attached<br><input type="checkbox"/> Copy of Fee Transmittal Form<br><br><input type="checkbox"/> Amendment/Response<br><input type="checkbox"/> Preliminary<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]<br><br><input type="checkbox"/> Petition for Extension of Time<br><br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Form PTO-1449<br><input type="checkbox"/> Copies of IDS Citations<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Sequence Listing submission<br><input type="checkbox"/> Paper Copy/CD<br><input type="checkbox"/> Computer Readable Copy<br><input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)<br><br><input type="checkbox"/> Replacement Drawing(s)<br><br><input type="checkbox"/> Request For Continued Examination (RCE) Transmittal<br><br><input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application<br><br><input type="checkbox"/> Small Entity Statement<br><br><input type="checkbox"/> CD(s) for large table or computer program<br><br><input type="checkbox"/> Amendment After Allowance | <input type="checkbox"/> Request for Certificate of Correction<br><br><input type="checkbox"/> Certificate of Correction<br><br><input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences<br><br><input type="checkbox"/> Appeal Brief (in triplicate)<br><br><input type="checkbox"/> Status Inquiry<br><br><input type="checkbox"/> Return Receipt Postcard<br><br><input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)<br><input checked="" type="checkbox"/> Request for Recalculation of Patent Term Adjustment In View of <i>Wyeth</i> (Form PTO/SB/131) |
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## SIGNATURE BLOCK

Respectfully submitted,

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